PTO/SB/17 (10-08)
Approved for use through 08/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Crider the Fuperwork Hedde	AIGH AG OF 1880	no persons are required to	o respond to a collect	on or information u	niess it display	s a valid OMB control number
Effect Fees pursuant to the Consoli	,	Complete if Known				
FEE TR	Application No	ımber 10/702	,462	Conf. No.:		
	Filing Date	Novem	ber 07, 2003			
Fo	First Named In	nventor Sang H	yun LEE			
Applicant claims sma	Examiner Nan	ne Umar 0	Cheema			
			Art Unit	2444		
TOTAL AMOUNT OF PAY	MENT (\$)	930.00	Attomey Dock	et No. 1630-0	833PUS1	
METHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order None Other (please identify):						
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
Charge any additional facts) or understand a facts)						
under 37 CFR 1.16 and 1.17						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
FEE CALCULATION						
1. BASIC FILING, SEA	RCH. AND I	EXAMINATION FEES	3			
FILING FEES SEARCH FEES EXAMINATION FEES						
Application Type	Fee (\$)	mall Entity Fee (\$) Fee	(\$) Small Entity (\$) Fee (\$)		all Entity Fee (\$)	Fees Paid (\$)
Utility	330	165 540		220	110	1 000 1 010 (0)
Design	220	110 100		140	70	
Plant	220	110 330	- 50	170	85	
Reissue	330	165 540	105	650	325	
Provisional	220	110	- 270	0.50	0	
2. EXCESS CLAIM FEI	FS		, ,	•		Small Entity
Fee Description					Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)					52	26
Each independent claim over 3 (including Reissues)  Multiple dependent claims					220	110
Total Claims	Extra Claim	ıs Fee (\$) F	ee Paid (\$)		390	195 pendent Claims
4 - 20 or HP =	0.00		Fee (\$)	Fee Paid (\$)		
HP = highest number of tota	claims paid for				100 (9)	1 ce raid (o)
Indep. Claims	Extra Claim		ee Paid (\$)		_	
P = highest number of inde	nendent daims	naid for if greater than 3	0.00			
3. APPLICATION SIZE	FEE	· · ·	vaner (excluding	electronically	filed comen	non or commuter
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50						
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
<u>Total Sheets</u> - 100 =	Extra Shee	ts Number of ea /50 = 0	ach additional 50	or fraction there whole number)	x Fee	(\$) Fee Paid (\$) = 0.00
4. OTHER FEE(S) Fees Paid (\$)						
Non-English Specification, \$1,20\fee (no small entity discount)						
Other (e.g., late filing surcharge): Request for Continued Examination (RCE) 930.00						
SUBMITTED BY () DAVID A BU ODEAN						
ignature NosPTO #42,325(Attorney/Agent) 40953					Telephon	e 703-205-8000
Vame (Print/Type) Esther H	ame (Print/Type) Estrer H. Chong					ED 9 6 2011

This calcision of information is required by 37 CFF, 1136. The information is required to public or tribin a termed by the public, which is to file (and by the USFT) to processing an enginetion. Considerable) is governed by \$1.0.5. CL 125 and 37 CFF, 114. This condiction is supposed, but makes a complete underlying against required and submitting the completed application from to the USFT.O. Three will very depending upon the Infeldior and the Complete and the amount of their pour required to complete this form and/or suggesters for requiring this burden, should be sent to the Clinic Infeldior and Tradement Collec, U.S. Department of Commerce, P.O. Box 1450, Alexandris, V. 22313-1450. DNOT SEND TEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Commission or for Pletchis P.O. Box 1450, Alexandris, V. 22313-1450.